

Arizona Department of Environmental Quality
Individual Sample Analysis Report
Disinfection Byproducts
TTHM HAA5

____/____/____
System ID

System Name

____/____/____
Sample date

____:____ (24 hr clock)
Sample time

Collection Point (TTHM/HAA5)

____ Non-Maximum Residence Time

____ Maximum Residence Time

Sample Type

____ Yes ____ No

Reduced Monitoring

| Analysis Method | Contaminant Name | Cont. Code | Analysis Run Date | Result |
|-----------------|-----------------------|------------|-------------------|--------|
| _____ | Chloroform | 2941 | _____ | _____ |
| _____ | Bromoform | 2942 | _____ | _____ |
| _____ | Bromodichloromethane | 2943 | _____ | _____ |
| _____ | Dibromochloromethane | 2944 | _____ | _____ |
| _____ | TTHM | 2950 | _____ | _____ |
| _____ | Monochloroacetic Acid | 2450 | _____ | _____ |
| _____ | Dichloroacetic Acid | 2451 | _____ | _____ |
| _____ | Trichloroacetic Acid | 2452 | _____ | _____ |
| _____ | Monobromoaectic Acid | 2453 | _____ | _____ |
| _____ | Dibromoacetic Acid | 2454 | _____ | _____ |
| _____ | HAA5 | 2456 | _____ | _____ |

>>>>> Laboratory Information <<<<<

To be filled out by laboratory personnel

Specimen Number: [_____]

Lab ID Number: [AZ / / /] Name: [_____]

Comments: [_____]

Authorized Signature: [_____]

Date Public Water System Notified: [_____]

Arizona Department of Environmental Quality
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